

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1829
Registrar's No. 59

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH: St. Joseph BUCHANAN
(a) County ST. JOSEPH
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: No Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks
(Specify whether years, months or days)
In this community 8 weeks

3. (a) PRINT FULL NAME Nova L. Silvey
(b) If veteran, name war no
(c) Social Security No. no

4. Sex m 5. Color or race white
6. (a) Single, widowed, married, divorced man
6. (b) Name of husband or wife Bessie Silvey
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 31 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 13
If less than one day hr. min.

9. Birthplace Harrison Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Robert Silvey

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ada B. Clark

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Silvey

(b) Address Pattonsburg Mo

17. (a) Burial (b) Date thereof 1 15 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried

18. (a) Signature of funeral director E. J. Brown

(b) Address Pattonsburg Mo R#9

19. (a) 1-14-1941 (b) H. J. Distelhorst
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Daniels
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 2 #3 Pattonsburg
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 1941
year 1941 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 18 1940 to Jan 14 1941
that I last saw him alive on Jan 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease
Due to Acute Rheumatic fever.
Due to 95 B

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature E. M. Shores (M. D. or other) MD

Address 317 W. 14th St. Bldg. Date signed 1-14-41

(Licensed Embalmer's Statement on Reverse Side) St. Joseph Mo.

WRITE PLAINLY—USE UNFADING/BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

W. L. Grover

Licensed Embalmer No. *2857*

P. O. Address *Pattonburg Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.